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Federal Communications Commission

WC Docket No. 02-60

Dear Federal Communications Commission:

Thank you for the opportunity to comment on the possibility of the FCC adopting the Rural Urban Commuting Area (RUCA) promulgated by the Office of Rural Health Policy as a means of determining the definition of "rural."

The Shingletown Medical Center is a Federally Qualified Health Center located about one-third of the way up Mt. Lassen, one of only two active volcanoes currently existing in the continental United States. We are, as you might think, in an extremely rural and mountainous area, with severe winters including an average precipitation of over seventy inches per year, most of which falls as snow. We are considered to be a "frontier" area by the Bureau of Primary Health Care. In order to qualify for that designation, it is necessary for the service area of our facility to consist of less than seven persons per square mile. In fact, we have less than five persons per square mile in our area.

Under the current FCC rules, the Shingletown Medical Center receives a little over \$12,000.00 per year in Universal Service funds. This allows us to provide a highly enhanced level of service to our community, which, in addition to being remote, has a

high proportion of low income and elderly residents. We have demonstrated all of this to receive designation as a Medically Underserved Area (MUA) a Medically Underserved Population (MUA) and a Health Professional Shortage Area (HPSA,) all of which widely recognized designations indicate the serious restrictions on primary care services in our community. For many of the residents of our area, alternative medical services are more than an hour's drive away, each way, assuming, of course, that the weather is adequate and the resident has an operational vehicle, neither of which is particularly common. By any reasonable definition, the Shingletown-Manton-Viola area is truly rural.

But not according to RUCA. Because the units of measurement are counties, zip codes (which are not designed for designations for anything other than mail delivery) and census tracts, which, respectfully, seem to have little cohesiveness and coherence, we are now to be considered to be an urban clinic. Words cannot express the incredulity with which this statement is met when discussed with patients of the Shingletown Medical Center, many of whom struggle to even get to us. There is absolutely no way that we can continue to provide the telemedicine service so valuable to our patients nor the training opportunities that our medical providers receive through the communications provided by the Universal Service. Our patients will suffer greatly.

So, what are we asking to be done? One thing would be to acknowledge the professional work of the Office of Statewide Health Planning for the state of California, which has adopted reasonable and defensible rural areas that take into account that there are many counties in California that vary widely in the urban-rural mix, geographic isolation, as well as being much larger than counties in many other states.

As a matter of fact, there are several counties in California, including our own county of Shasta, which are larger than some eastern seaboard states, not to mention that the size of counties across the country varies so widely that county use as a measure seems less than efficacious. If this is not acceptable, being able to use the Bureau of Primary Health Care or other suitable federal designation would seem much more reasonable.

At the very least, there should be some sort of an appeal process to allow for unique circumstances, or, perhaps, a process of “grandfathering” existing clinics that have developed programs that rely on the services provided by the Universal Service moneys. Many of us, including the Shingletown Medical Center, have significant investment in technology that will lose much of its relevance if we are unable to compensate for the loss of Universal Service income.

Providing service to a widely scattered population in a rural and mountainous area devoid of public transportation is a seriously daunting endeavor. Please do not create another barrier to medical service by adopting such a seriously flawed definition.

